

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09/852,855

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|---------------------------------------------------|---------------|--------------|
| BASIC FEE (37 CFR 1.18(e)) | 16 | |
| TOTAL CLAIMS (37 CFR 1.18(d)) | 16 minus 20 = | • 0 |
| INDEPENDENT CLAIMS (37 CFR 1.18(b)) | 1 minus 3 = | • 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) | | |

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

| RATE | FEE |
|-------|-----|
| | \$ |
| X \$ | |
| X \$ | |
| + \$ | |
| TOTAL | |

OR

OR

OR

OR

OR

| RATE | FEE |
|-------|--------|
| | \$ |
| X \$ | |
| X \$ | |
| + \$ | |
| TOTAL | 710.00 |

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART IIAmended
5/10/04

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-----------------------------------------------------------------|-------------------------------------------|---------------------------------------------|------------------|
| Total (37 CFR 1.18(c)) | 16 | 20 | 0 |
| Independent (37 CFR 1.18(b)) | 2 | 3 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) | | | |

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | |
| X \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

OR

OR

OR

OR

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | |
| X \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

01/18/05

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-----------------------------------------------------------------|-------------------------------------------|---------------------------------------------|------------------|
| Total (37 CFR 1.18(c)) | SAME | | |
| Independent (37 CFR 1.18(b)) | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) | | | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | |
| X \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

OR

OR

OR

OR

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | |
| X \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

03/11/05 Suppl.
Amended

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-----------------------------------------------------------------|-------------------------------------------|---------------------------------------------|------------------|
| Total (37 CFR 1.18(c)) | SAME | | |
| Independent (37 CFR 1.18(b)) | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) | | | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | |
| X \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

OR

OR

OR

OR

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X \$ | |
| X \$ | |
| + \$ | |
| TOTAL ADD'L FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09852855

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|-----------------|--------------------------|
| TOTAL CLAIMS | 16 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 16 - minus 20 = | 0 |
| INDEPENDENT CLAIMS | 1 - minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 710.00 |

CLAIMS AS AMENDED - PART II

03/24/03

| | (Column 1) | (Column 2) | (Column 3) |
|------------------------------------------------|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 16 | Minus 20 | = 0 |
| Independent | 1 | Minus 3 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | 140.00 |

BEST AVAILABLE COPY

12/5/03 A/F

| | (Column 1) | (Column 2) | (Column 3) |
|------------------------------------------------|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 16 | Minus 20 | = 0 |
| Independent | 2 | Minus 3 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | 140.00 |

03/26/04 A/F

| | (Column 1) | (Column 2) | (Column 3) |
|------------------------------------------------|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 16 | Minus 20 | = 0 |
| Independent | 2 | Minus 3 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | 140.00 |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the Highest Number Previously Paid For in THIS SPACE is less than 20, enter "20."

If the Highest Number Previously Paid For in THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 3.